PIP Item 1A.5.5 Share Regional approaches to engagement and strengths-based casework (ice breakers meetings, "Parent Orientation" trainings, parent advocate programs).

Mike Cheek, Director of Protection and Permanency, met with the regional management on July, 15, 2010, at Kentucky State University. The Goal of the meeting was to converse with the field about what approaches they used to engage the families that they serve. Mike broke the group into four focus groups and he selected four major topic areas to be discussed: assessments, caseworker visits, FTM's and placement stability. Each group was facilitated by two central office staff and was asked to answer the following questions pertaining to their topic:

1. **Why is this important in our work with families?**
2. **How does this support our work with families?**
3. **What constitutes quality for this item?**
4. **How can we get there: what can be done to eliminate the barriers?**

The notes from each group were given to regional management and central office work groups to guide them in their action plans around these items.

Steve Fisher & Lisa Durbin, facilitators

Assessment

Why is this important?

1. Foundation for case planning
2. Clear understanding of family
3. Focus for staff
4. Direction
5. Establishes a baseline
6. Clear transmission of communication across team lives
7. Comprehensive/holistic view of family
8. Helps to inform community partners/providers
9. Documentation of progress
10. Allows staff to indentify patterns
11. Enhances engagement

How does this support our work with families?

1. Promotes a clear understanding for clients
2. Articulates expectations of family
3. Timely service provision
4. Indentifies/measures progress and/o lack thereof
5. Promotes focus of case planning and successful closure
6. Promotes continuity of service provision

What constitutes quality for this activity?

1. Clear understanding of family functioning
2. Stand alone document (CQA)
3. All family members interviewed (and collaterals)
4. Reflects progress/lack thereof
5. Justification/rationale for maintaining case/closing case
6. Articulates timely/accurate family information
7. As absence of duplicative information (get rid of copy/paste function)

How can we get there; what can we do to bust barriers?

1. Quality FSOS consultations are needed
2. Promote critical thinking skills
3. Promote a comprehensive view of families
4. Improved time management skills of supervisors and workers
5. Eliminating some of the ancillary duties of FSOS and allow for improved focus on casework.
6. Promote accountability of workers and FSOSs
7. Staff/FSOS supports/resources are needed.
8. Examine URC's – when they occur? Why they occur? How are they structured? Refine process to not make it as cumbersome. One regional office staff person may be enough.
9. Eliminate duplication (case reviews/URC/MSW consults/FSOS consults/CQI case reviews); felt former peer to peer reviews were more helpful to FSOSs than the current Level 1 peer reviews. Would like to see URCs, MSWs and FSOS consult combined into one review (and not necessarily an in-person review). Felt MSWs were the least helpful reviews as there is no consistency and no feedback loop to ensure follow-ups are completed. Felt FSOSs spend a great deal of time doing these types of reviews and this takes away from the time they have to spend with their staff.

10. 1st level CQI reviews are not useful; would help to free up FSOSs to do more coaching and mentoring if they did not have to do these. Many FSOSs do not use data from these reviews to look at trends in their offices.

Gayle Yocum & Toya Nicholson facilitators

Family Team Meetings

DEFINITION: The group felt the SOP definition for FTM was not clear. They preferred the definition from the 2007 Family Team Meeting Strategic Plan over the definition in SOP.

A family team meeting is a tool in a family-centered practice to achieve safety, permanency and well-being outcomes, and sustainable family changes and is supported by policy and reflects best practice. The meeting requires participation of the family member(s) (parent or legal guardian) and support systems, formal (inclusive of community representatives) and informal, along with the social worker/child welfare staff. The team will develop a family plan that may include supports, resources, interventions, and services to assist the family. The Family Team Meetings will be reconvened to monitor progress related to the plan, provide further assessment of what is working or not working to include changing or adapting services and supports as needed. Participation of team members can change over time based on the changing needs of the family.

WHY IS AN FTM IMPORTANT?

1) Family needs support
2) Enhances clear communication between involved parties
3) Provide a venue where everyone can clarify roles, perceptions, issues, concerns, structure
4) Opportunity to engage parties and share responsibility
5) Avoids duplication
6) Gives the family a voice; makes them an equal partner

HOW DOES THIS SUPPORT OUR WORK WITH FAMILIES?

1) Emphasis on the "helping" aspect; not punitive
2) Worker engages the family

3) Issues are defined resulting in focus for casework
4) Provides an individualized approach
5) Plan is family/client driven
6) Helps family develop a support network
7) Assessment of the family situation/support/strengths is clarified
8) Responsibilities are shared
9) Provides a model for problem solving and communication skills

WHAT CONSTITUTES QUALITY FOR AN FTM?

1) Family's presence and acceptance of process
2) Family has role in negotiating meeting time/date/location, objectives and tasks on the plan
3) Participation from support systems and community partners is important to the family
4) Family is engaged in problem solving by jointly developing a plan as an equal partner
5) Level of preparation is improved and anticipated outcomes are discussed
6) Facilitator leads the process encouraging participation by all present
7) External partners & family supporters are included
8) A template/guide is utilized
9) The family, supporters, partners, and DCBS staff understand the purpose and process

WHO ATTENDS?

1) FSOS or chief
2) Facilitator is critical
3) Biological parents and/or legal guardian
4) Children over 6 yrs. Of age
5) Supporters identified by the family
6) Community partners who are involved or will be involved with family
7) Associate should attend conferences each month for evaluative consideration of the process
8) When community partners are unable to attend, consider conference call. At the least, SSW should contact person by phone for status of the family; or SSW should request a written summary of the family's strengths/needs

ANTICIPATED OUTCOMES:

1) There is consensus as to what needs to occur as everyone has a voice
2) Family participates in the process
3) Child safety issues are addressed with neglect/abuse eliminated
4) Service provision is established
5) Plan is simple, measurable, achievable, realistic, timely
6) QUALITY plan is developed
7) The family is valued
8) Plan is built on strengths and is relevant to the maltreatment and underlying causes

ENGAGEMENT

1. Critical to listen to the family's perception of what is important.
2. Engagement begins at Centralized Intake.
3. The information gathered at this stage is critical and impacts the direction of the case.
4. The DCBS should revise the behavioral interview questions as they do not expose the candidate's beliefs/attitudes/values that may impact their work.
5. Involves listening to all parties and including their thoughts and ideas.

FTM, CASE PLANNING MEETING, CASE CONFERENCE RECOMMENDATIONS

1. Change terminology – terms are used interchangeably, inconsistently and are confusing. Use term "plan."
2. Remove FTM from SOP
3. Training should focus on application and skill building. Current model is not preparing workers to do the job.
4. Eliminate timeframes and requirements around when FTM, case plan, case conference should be held.

If points must be noted, they should be prior to removal which may eliminate the need for a UR; significant disruption; after child has returned home.

BARRIER BUSTERS

1. Change evaluations to reflect actual practice. Workers feel pressured to complete FTM's. They are creative in how they achieve this due to it being on the evaluation.
2. Tremendous need for more facilitators. Staff could be trained to fulfill this void.
3. Elements of quality are not as important as clicking the box that FTM was completed. Quality vs. quantity.
4. Training Branch has outdated SOP and reference materials they utilize. Training, SOP and practice should all be current.
5. Training should focus on practical application and skill building in family engagement.

- FTM's are time consuming. Current caseloads complicate the process and create situation where workers feel rushed to meet deadlines and quality is compromised.

6. Could scanners be utilized for entering notes into the Service Recordings?

Jennie Willson & Tina Webb facilitators

Caseworker Visits

How do caseworker visits support the work we are doing with families?

1. Evaluate Family Progress
2. Identify Family barriers
3. Engaging family members in the progress
4. Observe family
5. Reinforce case plan and court orders
6. Develop assessment
7. Assess children's needs
8. Get to see home and assess for safety
9. Empower families

What makes a quality visit?

1. Seeing our role as supportive not punitive
2. Engaging family b
3. What's happened since last visit
4. Seeing all family members
5. Preparing for visit
6. Not crisis driven
7. The message we are sending as agency-vs. quality
8. Linking visit to visit
9. Not scheduled occasionally
10. Focused & linked to case plan (bring copy to visit)
11. Not number driven
12. Being comfortable with confronting about negative issues

How do you know a PCC visit is quality?

1. Quality 1294 not carbon
2. Addressing case plan (Meds, visits, IL, permanency, etc)and their goals

3. Therapeutic view
4. Empower staff to know what they can review (Docs) from PCP/PCC
5. Experience/ skill level of staff
6. It's hard to hold PCC/PCP accountable

How can we have a quality and quantity given where we are with staffing and resources?

1. Staff needs FSOS to slow things down to help prioritize & plan (monthly consults)
2. Focus on quality consults as mgt (reduce #'s and focus
3. Building skills in FSOS's rather than by-pass them
4. Empowering FSOF to assess quality visits

What can central office do to assist and support your efforts?

1. Go back to practice not just numbers (practices like roundtables)
2. Support by coming to regions
3. PCC needs template
4. Increase quality of training on documentation (probably a time management issue)
5. Better Technology

Mike Grimes & Tina Hagenbach

Placement Stability

Why is it Important?

1. Attachment & connections (same school, community etc)
2. Reduces moves for children
3. Helps to achieve Permanency TIMELY, More likely to be successful & long-term
4. Easier for workers to manage the case
5. Facilitates reunification
6. Improves well-being/ mental health of a child
7. Brings consistency
8. Reduces rejection
9. Helps to keep behaviors stable
10. Less costly
11. Keeps children in close proximity to family
12. Promotes birth parent & foster parent engagement
13. Maintains therapist continuity

14. Service continuity
15. Gives a child better sense of security
16. Allows child to stay on target with education & same school

How does this support our work with families?

1. If you have placement stability you have to focus on achieving Permanency
2. When the child moves the case "snowballs" i.e. new assessments, new providers, new adjustment, more paperwork, etc.
3. Empowers workers to drive the case
4. Develop a professional relationship with placement providers
5. Promote "Open Adoptions"
6. Engage placement providers around the importance of sibling relationships & connections
7. Allows us time to advocate for our kid
8. Engage relatives and other supports in case

What makes a quality placement?

1. Get back to looking at DCBS homes first
2. Having a good quality initial assessment
3. Family based placement
4. Connections are preserved/ siblings together
5. Foster parents work with birth parents
6. Positive nurturing attitude from placement providers
7. Foster parents advocate for the needs of the child
8. Quality services that meet child's needs i.e. Individual based therapy to address child's needs, reunification with birth parents, engaging case worker in child's treatment plan.
9. Foster parents willing to work towards reunification
10. Listen to child's input/feelings
11. Commitment to child as they go move through treatment
12. Good communication with foster parents at time of placement about child's needs and throughout placement experience
13. DCBS staff support placement / working in partnership with placement provider
14. Relationship Building i.e. Respect & dignity shown by both DCBS staff & placement provider

How do we get there?

1. Need common ground with judges

2. Need good information gathering on the front end of a new case with everyone involved
   a) Through investigative assessment by intake workers
   b) We have to be clear about our expectations on the front end of placement
      1. Let families know we want sibling visits, birth family involvement, "How do you feel about; supervising visits, mental health appointments, medical appointments", cooperate & engage birth families for the purpose of reunification

3. Providing respect & dignity to our placement providers/ basic relationship building / improve social work skills
   a) Need to model good social work practice/skills for our staff
   b) Encourage staff to return calls, answer e-mails
   c) Say "Thank You"
   d) Remind staff to understand where foster parents are coming from i.e. grief issues, behavioral issues, stressors
   e) Recognize foster parents are part of our team
   f) Recognize grief & loss from all parties involved i.e. child, birth parents, foster parents
   g) Encourage staff develop to maintain a source of communication with schools and/or other providers about overall DCBS processes & practices.
      1. Attend meetings in your community
      2. Be available to provide trainings/ in services for their staff
      3. Be available to listen & answer questions
      4. We are a community team together and not adversaries

4. Seek OOHC Placements as last resort
   a) It's become too easy & practiced to quickly to remove a child from their home
   b) Dump services on the front end of a case/ investigation
   c) Ensure through the UR process that a good assessment has been completed and the need to remove a child is evident
   d) Educate judges that removal is not always in the best interest of the child